was tender and a little suffused after the appearance of the parasite. In the warm climate of Africa the worm made its appearance frequently, but on the woman's return to England it was only visible in warm weather, disappearing into the deeper parts on exposure to cold. When the parasite was visible the eye appeared normal, except for a small vesicle at the outer part of the conjunctival cul-de-sac, and tortuous movements could, under favorable conditions, be seen beneath the conjunctiva. The worm was kept in place with a finger, while the eye was cocainized. Then an incision was made in the conjunctiva and the parasite withdrawn. It looked much like a piece of fishing-gut, and was active for a short time, but it soon succumbed when placed in a weak solution of boric acid. It was 25 mm. long and 0.5 mm. thick; its head tapered slightly and its tail to a greater degree. Around the worm was wrapped a fine filament that appeared to be its alimentary canal. From the size of the animal it appeared to be a male. It was not known how it had gained entrance. No filaria were found in the blood.

SOME PHASES OF OPACITY AND LUXATIONS OF THE CRYSTALLINE LENS.

THOMPSON (*Ophthalmic Review*, No. 156, p. 313) contends that segmental opacities of the lower inner portions of the crystalline lens usually remain stationary for years, and rarely cause blindness. Annular opacity, or "arcus senilis lentis," is often encountered in persons under thirty years of age. Women seem to be more subject to it than men; it rarely passes beyond the periphery until after middle life, when it sometimes extends in the form of a minute speckled opacity of the whole anterior surface of the lens, again to become stationary, and seldom causing blindness. Cataract is occasionally cured spontaneously by liquid degeneration within the capsule. Congenital ectopia lentis is by no means a harmless anomaly. Its subjects are usually highly myopic, and have greatly reduced acuity of vision. It may cause loss of vision by glaucoma, and ultimately destroy sight by luxation of the lens downward, thereby inciting inflammatory reaction. Spontaneous luxation downward of the cataractous lens of an elderly person often takes place. It gives temporary sight to the patient, but the end is usually suffering and loss of vision. "Second sight" is a danger signal. It is not always caused by an inccrease in the conjugate axis of the lens incident to incipient cataract. It is frequently present long before the faintest sign or symptom of cataract. It is often brought on by long-continued congestion of the fundus, as indicated by numerous minute floating particles in the vitreous humor, by a relaxed suspensory ligament, and by luxation of the lens forward.

LOW DEGREES OF EYE-STRAIN A SOURCE OF SYSTEMIC DISTURBANCE.

As the result of a systematic examination during a period of eight years of the eyes of all patients complaining of headache, giddiness, or of other symptoms that could possibly be induced as a reflex to an over-exercised ciliary region, LOWE (*British Medical Journal*, No. 1768, p. 1107) has found that low degrees of astigmatism are far more potent in producing such phenomena than the high degrees; although the reverse was observed in cases of hypermetropia. The explanation offered is that when mild astigmatism exists perfect vision can be obtained by an effort of focus, and the ciliary apparatus persists in this effort so long as its object can be accomplished. When the degree of astigmatism is, however, more pronounced, no effort of accommodation can bring about clear vision, and the ciliary apparatus gives up the attempt in despair. It is not then the astigmatism that produces reflex disturbances, but the effort to overcome it. It is further pointed out that the effect of peripheral irritation must depend not only upon the degree of such irritation, but also upon the excitability of the brain and the reflex centres. Reference is made to two cases in which the ciliary region was proved to be an epileptogenous zone, both patients completely recovering on the adoption of suitable lenses.

AN OUTBREAK OF OPHTHALMIA IN A BOARDING-SCHOOL.

SNELL (*British Medical Journal*, No. 1768, p. 1104) reports an epidemic of ophthalmia in a boarding-school containing 84 boys, of whom 38 were regarded as healthy, while in 39 the eyes, though not in many cases presenting any marked departure from the normal, were under the circumstances not considered quite well, and in 7 the diseased condition was marked. The vesicles were seated chiefly upon the inner surface (which was also reddened) of the lower eyelid, in some cases running the greater part of the length of the lid like a chain of pearls. In but few cases was the retrotarsal fold involved. The upper lids were less affected; when they were, they had lost their polish and appeared often velvety, or, in some instances, as if the finest sand had been sprinkled on the surface; there was also in some cases an increased vascularity. There appeared in all an absence of perceptibie discharge. No discomfort was complained of, and, without everting the lids, hardly a case presented any abnormality. The outbreak was preceded by the prevalence of influenza, with which many of the boys had been affected, and ophthalmia had existed in the city and in a girls' boarding-school with which there had been communication through relatives. It is believed that the early cases may have been mild instances of ordinary catarrhal ophthalmia followed by the development of vesicular conjunctivitis, or the early instances may not have been imported, but have been merely an evidence of the prevalence of the disorder, the more marked cases at that time attracting attention. At the time of and previous to the outbreak the drains were open in close proximity to the school-house, the city authorities having the streets up for the purpose of a new drainage-system. The school itself presented no gross hygienic defect. The washing arrangements, with the epidemic once started, were favorable to its progress. The ventilation of some of the bedrooms was defective and the cubic space allotted to each boy could in some instances with advantage have been larger. Examination of the wall-papers and paints failed to disclose a source of irritation. In spite of hygienic measures, separate towels, etc., the disease spread widely, indicating either, in spite of the absence of discharge, that infection was playing a part, or that atmospheric agents(miasms) were at work, or both. Removal from the place facilitated recovery and did not lead to the infection of others. The outbreak, mild in character and unaccompanied by noticeable discharge or much visible redness, was of follicular type, and in cases in which recovery ensued no change in the